

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 04-MAY-2015		2. ADDRESS OF OCCURRENCE 5555 W GRAND AVE CHICAGO, IL 60639		3. LOCATION CODE 281		4. BEAT/OCCUR 2515	
5. POSITION 9161		6. LAST NAME MCNALLY		7. FIRST NAME PETER J		8. STAR NO. 17583	
9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 508		12. HT. 175	
13. DATE OF APPT 30-NOV-2012		14. EMPLOYEE NO. 025		15. UNIT & BEAT OF ASSIGNMENT 2502		16. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	
17. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		18. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. MEMBER ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
21. LAST NAME GAMA		22. FIRST NAME MIGUEL		23. M.I. WWH		24. D.O.B. 14-MAY-1987	
25. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		26. RACE WWH		27. D.O.B. 14-MAY-1987		28. HT. 508	
29. WT. 260		30. ADDRESS 2520 N NEW ENGLAND AVE CHICAGO, IL 60707		31. TELEPHONE NO. 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		32. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
33. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		34. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		35. WHERE WAS MEDICAL TREATMENT OBTAINED? 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		36. BY WHOM? 19108269	
37. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence		38. Hospitalized <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized		39. Refused Medical Aid <input type="checkbox"/> 05 Refused Medical Aid		40. DNA <input type="checkbox"/> DNA <input type="checkbox"/> DNA	
41. CHARGES PLACED 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		42. CB NO. 19108269		43. IR NO. 19108269		44. DNA <input type="checkbox"/> DNA <input type="checkbox"/> DNA	
45. SUBJECT'S ACTIONS		46. MEMBER'S RESPONSE		47. ASSAULT: BATTERY		48. ASSAULT: DEADLY FORCE	
49. DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		50. FLED <input checked="" type="checkbox"/>		51. IMMINENT THREAT OF BATTERY <input type="checkbox"/>		52. ATTACK WITH WEAPON <input type="checkbox"/>	
53. STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		54. PULLED AWAY <input checked="" type="checkbox"/>		55. OTHER <input type="checkbox"/>		56. ATTACK WITHOUT WEAPON <input type="checkbox"/>	
57. OTHER <input type="checkbox"/>		58. OTHER <input type="checkbox"/>		59. OTHER <input type="checkbox"/>		60. OTHER <input type="checkbox"/>	
61. MEMBER PRESENCE <input checked="" type="checkbox"/>		62. VERBAL COMMANDS <input checked="" type="checkbox"/>		63. ESCORT HOLDS <input checked="" type="checkbox"/>		64. WRIST LOCK <input checked="" type="checkbox"/>	
65. ARMBAR <input checked="" type="checkbox"/>		66. PRESSURE SENSITIVE AREAS <input type="checkbox"/>		67. CONTROL INSTRUMENT <input type="checkbox"/>		68. OC/CHEMICAL WEAPON W/ AUTHORIZATION <input type="checkbox"/>	
69. OTHER <input type="checkbox"/>		70. OTHER <input type="checkbox"/>		71. OTHER <input type="checkbox"/>		72. OTHER <input type="checkbox"/>	
73. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		74. ADDITIONAL INFORMATION 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		75. POSITION 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		76. STAR NO. 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4	
77. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		78. WEAPON SERIAL NO. (Include Letters) 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		79. CHICAGO GUN REG. NO. 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		80. IL FIREARM OWNER ID NO. 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4	
81. HANDGUN CERTIFICATE NO. 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		82. SPECIAL WEAPON CERTIFICATE NO. 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		83. PROPERTY INVENTORY NO. 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		84. TYPE OF AMMUNITION USED 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4	
85. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		86. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		87. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		88. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0-5 FT. <input type="checkbox"/> 02 5-10 FT. <input type="checkbox"/> 03 10-15 FT. <input type="checkbox"/> 04 OVER 15 FT.	
89. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN		90. SPECIFY METHOD/EQUIPMENT USED TO RELOAD 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		91. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		92. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN	
93. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		94. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input type="checkbox"/> CPIC		95. DET. DIV. 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		96. MEMBERS WILL ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	
97. REPORTING MEMBER (Print Name) MCNALLY, PETER J		98. STAR/EMPLOYEE NO. 17583		99. SIGNATURE 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		100. DATE REVIEWED 04-MAY-2015 03:20:49	
101. REVIEWING SUPERVISOR (Print Name) O DONNELL, JOHNNY		102. STAR NO. 2018		103. SIGNATURE 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		104. DATE REVIEWED 04-MAY-2015 03:20:49	

CPD-11.377 (REV. 3/08)

LOG # 1074984

Attachment # 20

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ ONA

☐ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject repeatedly screamed that he wanted his phone call.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO. CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED

TIME

04-MAY-2015 03:25:46

79. TOTAL TRR: THIS EVENT No.

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